

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/519766**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1-2					53						
4		1-1					54						
5		1-1					55						
6		1-1					56						
7		1-1					57						
8		1-1					58						
9		1-1					59						
10		1-1					60						
11		1-1					61						
12		1-1					62						
13		1-1					63						
14		1-1					64						
15		1-1					65						
16		1-1					66						
17		1-1					67						
18		1-1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	32						TOTAL CLAIMS						

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